

COMMUNITY BENEFIT UPDATE AND PLAN

Fiscal Year 2018

Submitted to:

The Office of Statewide Health Planning and Development Healthcare Information Division Accounting and Reporting Systems Section November 2018

4650 Lincoln Blvd., Marina del Rey, CA 90292

TABLE OF CONTENTS

| I. | ABOUT CEDARS-SINAI MARINA DEL REY HOSPITAL | 1 |
|------|--|---|
| II. | MARINA DEL REY'S COMMUNITY | 2 |
| III. | ASSESSING COMMUNITY NEEDS | 3 |
| IV. | MEETING THE NEEDS OF THE COMMUNITY | 6 |
| V. | COMMUNITY BENEFIT CONTRIBUTION | 7 |
| VI. | HOSPITAL CONTACTS | 8 |

I. ABOUT CEDARS-SINAI MARINA DEL REY HOSPITAL

Cedars-Sinai Marina del Rey Hospital is a 133-bed community hospital fully accredited by The Joint Commission. The hospital delivers high quality, safe and effective care in a convenient, patient-centered setting. It provides a range of clinical services aimed at meeting the needs of the communities served and has established areas of expertise in spine, orthopedics, weight management, and minimally invasive surgery. The hospital has a thriving emergency department highly valued as a community resource.

The mission of the Hospital is:

- To provide high quality, compassionate healthcare
- To be recognized for medical excellence
- To improve the health status of the community

Cedars-Sinai Medical Center became the sole corporate member of CFHS Holdings, Inc., doing business as Marina del Rey Hospital, on September 1, 2015 and converted the hospital from a forprofit to a non-profit entity. The acquisition was part of Cedars-Sinai Medical Center's ongoing development as a comprehensive healthcare organization offering healthcare services operating in multiple locations, making it easier for more people to access coordinated quality care close to home. Marina del Rey Hospital's conversion to nonprofit status results in an enhanced ability to serve the healthcare needs of the local community, including community benefit programs and services, consistent with the charitable purposes adopted by the hospital's Board of Directors.

Cedars-Sinai Marina del Rey Hospital's Board of Directors provides organizational leadership in fostering the commitment to community benefit. The Board of Directors functions as an oversight and policy-making body for the hospital's community benefit commitments, efforts and strategic alignment with community needs.

II. CEDARS-SINAI MARINA DEL REY HOSPITAL'S COMMUNITY

Cedars-Sinai Marina del Rey Hospital's (CSMDRH) primary service area includes neighborhoods and beach cities in eight zip codes on the west coast of Los Angeles County. The population characteristics below are aggregated for the eight primary service area zip codes: 90292 (Marina del Rey), 90291 (Venice), 90293 (Playa del Rey), 90230 (Culver City), 90045 (Westchester/LA), 90066 (Mar Vista/Del Rey), 90405 (Santa Monica) and 90094 (Playa Vista). All of the hospital's zip codes are located in Los Angeles County Service Planning Area (SPA) 5.

Population Characteristics:

Data Source: U.S. Census Bureau, 2011-2015 American Community Survey, S1701

| Population Characteristics | CSMDRH |
|---|---------|
| Total Population (# of persons) | 232,436 |
| Race/Ethnicity | Percent |
| White | 54.2% |
| Hispanic/Latino | 21.7% |
| Asian | 12.2% |
| Black/African American | 6.7% |
| Native Hawaiian/Pacific Islander | 0.1% |
| American Indian/Alaskan Native | 0.1% |
| Other or Multiple Races | 4.9% |
| Age | Percent |
| Less than 18 years | 15.2% |
| 18 – 64 | 71.3% |
| 65+ | 13.7% |
| Gender | Percent |
| Female | 50.7% |
| Male | 49.3% |
| Socioeconomic Status | Percent |
| Families living below 100% of the federal poverty level (FPL) | 9.8% |
| Families living below 200% of the federal poverty level (FPL) | 28.3% |

III. ASSESSING COMMUNITY NEEDS

In 2018, Cedars-Sinai Marina del Rey Hospital (CSMDRH) completed a Community Health Needs Assessment (CHNA) and Implementation Strategy as required by state and federal law. California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment every three years.

CSMDRH is located at 4650 Lincoln Blvd., Marina del Rey, CA, 90292. The hospital's service area encompasses 8 ZIP Codes in the cities of Culver City, Mar Vista, Marina del Rey, Playa Del Rey, Playa Vista, Santa Monica, Venice and Westchester. This area is located in Los Angeles County Service Planning Area 5 (SPA 5).

Methodology: Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community description, social and economic factors, health access, birth indicators, leading causes of death, disabilities, health status and chronic disease, mental health, substance abuse, overweight and obesity, and preventive practices. For the purposes of the Community Health Needs Assessment, when examining data by SPA (Service Planning Area), the SPA 5 is presented. When pertinent, these data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community. The report also includes CSMDRH data findings as compared to the Healthy People 2020 health objectives.

Primary data were collected through community stakeholder key informant interviews. Those interviewed represent the broad interests of the community served by the hospital. Twelve (12) interviews were completed in October and November, 2017.

Overview of Key Findings

This overview summarizes significant findings drawn from an analysis of the data from each section of the Community Health Needs Assessment report.

Social and Economic Factors

Among area residents

- 11.8% are at or below 100% of the federal poverty level (FPL)
- 24.7% are at 200% of FPL or below (low-income).

Access to Health Care

• The hospital service area reports 88.2% insurance coverage. Coverage rates range from a low of 87.5% in Culver City (ZIP Code 90230) to a high of 94.8% in Playa Vista (ZIP Code 90094).

- 80.7% of residents of SPA 5 have a regular source for care, compared to 84.7% for the county and 86% for the state.
- A barrier to accessing care is the lack of specialty care practitioners locally available.
- Seniors in SPA 5 have a usual source of care at a higher percentage than found in the county or state. However, 12.7% of seniors, ages 65-74, reported a delay in care compared to 8.9% in the county and 7.7% in the state.
- Community stakeholders noted that the large homeless population in the neighborhood has limited access to preventive care services.

Leading Causes of Death

• Heart disease and cancer are the top two causes of death in the service area, followed by Alzheimer's disease and stroke.

Chronic Diseases

- 6.6% of adults have been diagnosed with diabetes and 8.7% have pre-diabetes.
- 5.9% of adults have been diagnosed with heart disease.
- A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). 22.4% of residents have high blood pressure.
- 14.6% of residents have been diagnosed with asthma, which is higher than the county rate of 12.8%.

Homelessness

- From 2016 to 2017, the region experienced an 18% increase in the number of homeless individuals.
- The rate of chronically homeless rose to 32.9% in 2017, compared to 28.4% in 2016.
- One-third of the homeless population (33.3%) identify as having a mental illness.
- The hospital service area reports a higher level of homeless veterans (18.6%) when compared to homeless veterans in Los Angeles County (8%).
- Community input noted that the complexity of homelessness challenges local providers: lack of affordable housing, the transient nature of the population, mental health and substance abuse issues, community intolerance, and a shortage of wrap-around and support services.

Mental Health

- In the hospital service area, 5.2% of adults experienced serious psychological distress in the past year.
- 8.9% of adults in the region had seriously considered suicide, which is lower than the county (9.5%) and state (9.6%) rates.
- Community input noted that barriers around mental health included: a lack of practitioners
 and preventive practices, as well as the cost of care, which is often not covered by insurance.

Overweight and Obesity

- In the hospital service area, 4.4% of children and 42.6% of teens are overweight. 30.5% of seniors in the region are overweight.
- Almost three-quarters of Latino residents in the region (74.6%) are overweight or obese. 46.2%

- of White adults and 44.2% of African American adults in SPA 5 are overweight or obese. Among Asians, 17.7% are overweight or obese.
- 31% of teens engaged in no physical activity during the week, compared to 16.8% of teens in LA County, and 14.8% in the state.
- A barrier to engaging in outside activity noted by the community is the lack of public green or open spaces other than the beaches.

Preventive Practices

- Overall, 38% of residents obtained a flu vaccination in 2015; the Healthy People 2020 objective is for 70% of the population to receive a flu shot. Among residents ages 65 and older, 67.7% received a flu shot.
- 61.2% of seniors in the region have received the pneumonia vaccine. The Healthy People 2020 objective is for 90% of adults ages 65 and older to be vaccinated.
- 88.7% of women obtained a pap smear in the past three years and 85.3% of women have obtained a mammogram in the past two years.

Senior Health

- Falls are the leading cause of injury among older adults. 27.8% of seniors in the region reported falling at least once in the past year.
- Community input noted barriers to health care for seniors included: high rents, vulnerability to isolation, limited transportation resources, and not enough resources for supportive living.

Substance Abuse

- 10.8% of adults in the region are current smokers, compared to 12.2% in the county and 12.8% in the state.
- 24% of teens in the region have smoked an electronic (vaporizer) cigarette, compared to 6.9% in the county and 7.5% in the state.
- 43.3% of teens have tried alcohol, compared to 21.9% in the county and 23% in the state.
- Barriers to care for substance abuse identified by the community included: limited detox options and wait lists for treatment centers

Identification and Prioritization of Significant Health Needs

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings.

The following significant community health needs were determined:

- Access to Health Care
- Chronic Diseases
- Homelessness
- Mental Health

- Overweight and Obesity
- Preventive Practices
- Senior Health
- Substance Abuse

The stakeholders were asked to rank order the health needs according to highest level of importance in the community. Among the interviewees, mental health, homelessness, and access to health care were ranked as the top priority needs in the service area.

The significant health needs are listed here in priority order:

- 1. Mental health
- 2. Homelessness
- 3. Access to health care
- 4. Substance Abuse
- 5. Chronic diseases
- 6. Overweight and obesity
- 7. Preventive practices
- 8. Senior health

IV. MEETING THE NEEDS OF THE COMMUNITY

In Fiscal Year 2018, CSMDRH engaged key partners to support caring for the homeless population of Marina del Rey.

As part of the transition to non-profit status, CSMDRH initiated key conversations with internal staff, leadership, and pertinent community organizations, along with an analysis of available secondary data to determine initial strategy and direction for community benefit and community engagement. Based on this initial assessment, CSMDRH has focused on supporting homeless services and multidisciplinary regional collaboration to address homelessness in the area.

Homelessness is prevalent in the beach cities area of CSMDRH. A significant number of the hospital's emergency room patient visits are with homeless individuals who reside in the area. In an effort to begin strategic and regional problem-solving of homelessness in the area, CSMDRH has actively sought out partners and collaboratives in order to understand and serve the community better.

Grant-Making

In Fiscal Year 2018, CSMDRH distributed grants to St. Joseph's Center and Venice Family Clinic, both significant community providers of homeless services in the Marina del Rey service area.

- St. Joseph's Center programs focus on housing and case management for chronically homeless, veterans and families. Case management includes job training, mental health services, hot meal distribution and food bank services and wrap-around services.
- Venice Family Clinic is a 12-site Federally Qualified Health Center, serving as the medical home to thousands of people who might otherwise go without critically needed health services. For homeless patients the clinic provides a combination of clinic and shelter services as well as "street medicine", in which physicians make weekly visits to areas where homeless people

congregate to provide services and to encourage those in need of treatment to visit the clinic and other homeless services organizations.

Collaborative Work and Community Programs

In Fiscal Year 2018, CSMDRH grew participation in local efforts to assist homeless individuals in the community:

- Los Angeles City Councilmember Mike Bonin's collaborative efforts
- Represented by Cedars-Sinai at the Westside Health Access Stakeholder Group, Emergency Department Committee
- City-wide homelessness collaboratives as appropriate

Additionally, CSMDRH participated in local health fairs in the community and offered yoga classes on site free and open to the community.

V. COMMUNITY BENEFIT CONTRIBUTION

Fiscal Year 2017: July 1, 2017 – June 30, 2018

| Unreimbursed Cost of Direct Medical Care for the Poor and Underserved (Excludes the unreimbursed cost of caring for Medicare patients) | \$ 11,775,000 | |
|--|---------------|--|
| Charity care and uncompensated care for the uninsured \$ 167,000 Unreimbursed cost: caring for Medi-Cal patients \$ 11,608,000 | | |
| Unreimbursed Cost of Direct Medical Care for Medicare Patients | \$ 21,501,000 | |
| Community Benefit Programs, including Charitable Donations | \$ 96,000 | |
| Total Quantifiable Community Benefits | \$ 33,372,000 | |

VI. HOSPITAL CONTACTS

Chief Executive Officer

Jeffrey Smith, M.D.

Senior Vice President of Operations

Bryan Croft

Staff Contact

Paulette Heitmeyer COO/Administrator

Board Chair

Thomas Priselac

Health System Contacts

Arthur J. Ochoa Senior Vice President Advancement

Jonathan Schreiber Chief Community Engagement Officer Advancement

Cindy Levey Associate Director Community Benefit Systems and Planning Advancement